



**ACKNOWLEDGEMENT OF RECEIPT OF THE  
NOTICE OF PRIVACY PRACTICES**  
ND DEPARTMENT OF HUMAN SERVICES  
LEGAL SERVICES  
SFN 936 (03-2003)

Name:

I acknowledge that I have received the Department of Human Services Notice of Privacy Practices, which includes information about the rights I have regarding my health information and how to obtain more information about the Department's privacy practices.

Signature:

Date: